DOCUMENT RESUME

ED 278 084 CS 505 500

AUTHOR Schroeder, Anthony B.
TITLE An Analysis of the Interaction Patterns of the Elderly: The Deterioration of Relationships.
PUB DATE Nov 86
NOTE 18p.; Paper presented at the Annual Meeting of the Speech Communication Association (72nd, Chicago, IL, November 13-16, 1986).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Aging (Individuals); *Communication Problems; Communication Research; Communication Skills; *Developmental Continuity; Developmental Stages; Gerontology; Human Relations; *Interaction; Interaction Process Analysis; *Interpersonal Communication; Interpersonal Relationship; *Older Adults; Social Attitudes; Social Behavior; Social Cognition
IDENTIFIERS Constructivism

ABSTRACT

Communication imposes a social order and interaction patterns which individuals accept as children, but it is not known to what extent or when in the life cycle preferred rhythms of social involvement and withdrawal are established. To assess the extent to which the elderly lose control of their patterns of interaction, case studies of four elderly individuals in nursing homes were conducted and analyzed from a constructivist perspective. The first and third cases chose to withdraw, while the choice of the second and fourth cases was to be outgoing. None of the four changed behavioral patterns--the withdrawn individuals were systematically consistent, characterized by non-cooperative attitudes and behaviors. However, this behavior is considered a jointly constructed interpretative scheme, and these individuals' complaining is interpreted as positive, especially by the nursing home staff. All four cases point to examples of strategic organization of behavior, or human communication. The notion that elderly communication is different from communication of young people does not appear to be supported, as communication strategies seem to be consistent with the interpretative processes of the individual. What problems are encountered in communication with the elderly may be caused by the younger interactant. Further research may be more profitably focussed on the reality constructed between communicators. (NKA)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED278084

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

This document has been reproduced as received from the person or organization originating it.

Minor changes have been made to improve reproduction quality.

Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

An Analysis of the Interaction Patterns of the Elderly: The Deterioration of Relationships

Anthony B. Schroeder, Ph.D.
Communicative Arts and Sciences
Eastern New Mexico University
Portales, New Mexico 88130

Running head: Elderly Interaction

Selected for presentation in the Top Four Competitive Papers in Communication and Aging, Speech Communication Association, Chicago, IL, 1986.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Anthony B. Schroeder

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

CS 505 500

An Analysis of the Interaction Patterns of the Elderly:
The Deterioration of Relationships

Traditional texts and articles about the elderly describe their social isolation and loss of contact with society. According to Neugarten and Maddox in the 1980 Report of the Panel on Behavioral and Social Sciences Research "A number of studies have shown that with advancing age there is a decline in number of roles, amount of interaction, and variety of social contacts." They conclude with "More attention needs to be given to the causes and consequences of isolation."

This paper will attempt to describe elderly interaction through a case study approach, illustrating the constructivist (Delia, et.el. in Dance, 1982) theory and approach to data collection.

As Carmichael (in Samovar and Porter, 1985) notes "there is no reason to believe that the basic human need to communicate...should change with age." However, it has been documented that the elderly have fewer social interactions. "After retirement, social contacts decrease. For some, this is a slow process that begins at retirement and continues....but for others the change occures abruptly at retirement because most of their

friendships were job related....Ultimately most people experience considerable aloneness." Has the basic need to communicate changed? Or, have social networks been structured to engage and involve people at one end of the life spectrum and reject and avoid people at the other end?

Our social interaction patterns are individual and unique yet structured by society. The issue is the extent to which the elderly lose control of their pattern of interaction and are forced to be with others when they prefer solitude, or to be alone when they prefer company. We do not know to what extent or when in the life cycle preferred rhythms of social involvement and withdrawal are established.

Communication imposes a social order and interaction patterns which we accept as children. We learn the order and patterns very shortly after we arrive as newborns. How we communicate determines the nature of the relationship. The process of communicative behavior and development is dynamic as is the relationship (Ducan). Thus it is through this interaction that both the parent and child learn their respective roles. Obviously

communication through loving, gentle, stern and nurturing messages characterizes the relationship of parents. The content and the style of the communication is learned by the individual in a variety of formal and informal settings. Parents are assumed to be the first ones to influence our communication (Brown and Van Riper, 1966).

In 1936 Frenkel concluded there existed clearly marked stages through which each individual progresses; childhood and adolescence, adult, mid-life, and the transition to old age. Knapp (1978) with a lifespan perspective classifies the various patterns of interaction. He identifies ten stages of social interaction: initiating, experimenting, intensifying, integrating, bonding, differentiating, circumscribing, stagnating, avoiding, and terminating. The first five stages involve the development of a social interaction style, marriage, and involvement within the community.

Social interaction is predicated by our daily activites and contacts (Duncan, 1962). In other words, the sphere of friends and acquaintances is determined by what an individual will do and where it will be done. Interaction is controlled or limited by proxemics, with primary

factors such as (1) parents and relatives, (2) school, (3) place of employment, (4) degree of community involvement, etc. The sphere is going to increase and decrease, due in part to age. As an the individual ages, expectations are formed about participation in specific activities, roles, and interaction with people in a prescribed manner within society. As individuals age roles are redefined. When children leave home, participation in activities begins to decline. Retirement reduces interaction. The loss of mobility further reduces the interaction. Death always involves the redefining of relationships. The loss of the spouse is devastation, often destroying any desire for socialization (Silverman, 1982).

Knapp's five last stages of social interaction focus on the process of redefining ourselves and acceptance of aging. "Differentiating" involves a reexamination of personal values and a recognition of difference from the current trends. Initial steps of disengagement at this stage may seem appropriate. "Circumscribing" involves the settling down, retirement and acceptance of a new and slower way of live often characterized by quitting organizations, and joining new ones more suitable to a slower life style. "Stagnating" involves the signaling of

supportiveness and summarizing of life Communication is more difficult because of the decreasing sphere of experiences. Messages may be difficult to understand because of new words or connotations. Current evants are less and less important. "Avoiding" involves a further closure to the outside world. Messages may be restricted. News items are not important. Children and grandchildren are favorite topics, even if their knowledge of their lives is inaccurate. Quitting organizations, restricting social outings, not phoning others, are all indicative of this avoidance. Last is the "terminating" stage with messages about the degree of acceptance of death, ordering of papers and messages, and division of possessions.

These stages are marked by particular events and interactions affecting the self image of the individual. The elderly are generally able to clearly recall these past events and associations.

The elderly individual who is institutionalized has the interactional setting controlled with visiting hours and situational controls providing the context. The institution has a stigma which discourages visits and limits the time of the visit.

In the case study approach to the interaction patterns of the elderly it must be remembered it is important to gain the confidence of the elderly person. I started by introducing myself, describing in general terms the project, and assuring the individual that they may terminate the conversation at any time.

CASE # 1

An elderly women living in the hospitalized nursing home, 87 years of age and a resident in the nursing home for 7 years. She was very active and involved with community activities for over 40 years. She was a farmers wife. She and her husband owned hundreds of acres of prime farm land. When he died of cancer at the age of 73 he was still active. They had two children, both female and physically removed from the state.

After her husbands death she remained active in social activites. At the time of his death and immediately after she had more social contact from family and friends than ever before in her life. Caring for all her guests helped insolated her from the reality of her husband's death.

Her daughters in separate visits stayed with her for two months. Then she was alone. No husband, no immediate neighbors. She had never been one to go visiting. Yes she was in social organizations but all her community activities involved her husband. Attending meetings and functions such as the county fair only reminded her of her lose. Couples they had visited and vacationed with, called asking her to participate in various activities but she declined the invitations. Three to four years after her husbands death she did not have anyone calling or inviting her to activities.

As she admited the isolation was self imposed. She did not want to be with others and when she was adjusted to the death of her husband the bonds of friendship had been broken. She did not want people to look after her and she felt a burden to her daughters. She wanted her daughters to live their own lives with their husbands and children. After her husbands death she never visited her daughters home. The grandchildren always visited with their parents for few days to a week every summer.

An accident seven years prior placed her into the regional hospital due to her age and lack of care at home she asked

to be admitted into the nursing home.

She is confined to a wheel chair but enjoys the nursing home becuase friendships do not involve obligations.

CASE # 2

A 92 year old woman living in the same nursing home. She gave up driving at the age of 90 becuause of poor eye sight. She requested to be admitted into the nursing home because it was very difficult for her in a community that does have a taxi or bus system. She is in good health and seen daily taking walks with a friend.

She is socially active. She arranges for friends to pick her up at the nursing home so that she may participate in different activities and meetings. She has many friends and is very friendly and outgoing.

Her husband died when she was 72. The intense period after her husband's death helped her to put the immediate event out of mind. She continued to remain active in all her clubs and charitable activities. She became more involved in these organizations than before her husbands

death.

She visited her son and daughter and stayed for long extended visits. She brought her grandchildren home with her for summer vacations. Often the grandchildren would stay for 5 or 6 weeks. When the grandchildren got older then they came and visited on their own often staying for a week or more.

At the age of 87 she took a cruise and loved it. During the interview/discussion she spoke of her romantic interlude, joking about the love boat.

Her friendships are not deteriorating. As she put it "most are carried away from me."

CASE # 3

A women living in the nursing home, placed there by her family 5 years ago. She is 84 and has minor health problems and is extremely hard of hearing. The family placed her in the home because "they (her son's family) didn't want her." She admitted her son and his family came to visit her about twice a week. She admitted they

always visited with her Sunday after church services and would stop in and visit one evening a week. She dislikes the idea of being in a nursing home.

Her husband died 32 years ago, when she was 51. He died of cancer. She was not an outgoing woman when he was alive. She stated "we did the same thing everyone else did, nothing. We went to bed at 8:00 or 9:00 every evening." She thought television was a wonderful invention and liked to watch a variety of programs. After her husbands death she got a job to support the family. She did not get involved in clubs or social activities.

When she was in her late 60's, her hearing started to fail her. She turned the television to full volume to hear the program. She was involved in a car accident (hearing related) and broke her hip bone. The break did not heal correctly and she was often in extreme pain.

In her mid 70's her son moved her in with his family. She disliked the lack of freedom and having someone there to care

for her. She enjoyed being alone and feels she is a burden to her son and family. The nursing home

environment has not altered her feelings.

The woman has no close friends and does little to establish acquaintances. The two friends in the nursing home may be her only adult friendships.

CASE # 4

A male 86 years old living in a retirement community. He is the eldest able bodied male living in the community. He does not drive due to poor eye sight. He is strong and walks one to two miles every day.

He has been married twice. His first wife died giving birth to their only son. His second wife died 6 years ago. He said of his wives, "God blessed me with two loving wives to care for me and our children." He retired at the age of 65 and traveled around the United States for 10 years. When he returned to the home town and took up residence in the retirement community.

He likes the retirement community environment. As he put it, "I get my pick of the women." Only three single males live in the retirement community with a population of 350.

He is the oldest and most able bodied.

He enjoys talking and has many friends in the city and in the community. He said, "Aging for many is forgetting, but we the elderly are not the one's forgetting. Our friends and young associates forget us and assume us dead."

ANALYSIS AND COMMENTS

These four summaries of case studies each indicate something about the interaction patterns of elderly. It is very safe to conclude as did Carmichael "... that the elderly have fewer social interactions." It is also very reasonable to conclude as did Silverman "The loss of the spouse is devastation." This paper is an attempt to shed some light on the actual communicative behaviors of elderly using the constructivist approach.

The constructivist approach (Delia, et.el., in Dance, 1982) centers on four concepts: (1) interpretative processes, (2) human action, (3) human interaction and (4) human communication. The **interpretative processes** focus on the cognitive schemes, experiences providing a

structure to judge events. As the four case examples indicate, the basic interpersonal style was established, the avoidance or feeling of being a burden was not new to the elderly individual but appears basic to the character. The outgoing elderly did not change, they may have been better prepared for death and aging but the interpretative processes seem consistent with the life script.

Human action is predicated on the interpretative processes. The human action is a strategy or a choice based on particular events. The choice of the first and third case examples was to withdraw. The choice of the second and fourth case was to be outgoing. However, none of the four actually changed their behavioral patterns. The two individuals that were withdrawn were systematically consistent. **Human interaction** involves shared schemes of interaction strategy. The two cases exhibiting withdrawal were characterized by non-cooperative attitudes and behaviors. However the non-cooperative behavior becomes actually a jointly constructed interpretative scheme. Complaining becomes acceptable and is expected. The complaining is interpreted at positive, especially by the nursing home staff.

The constructivist approach views **Human communication** as "the strategic organization of behavior." The four cases point to examples of strategic organization of behavior, or human communication. The issue of elderly communication being different does not appear to be supported. The human communication seems to be consistent with the interpretative processes of the individual. When looking at communication problems we may not want to conclude with "elderly" communication problems. The perspective of problem is in the eye of the observer. Rather, we may want to focus on the constructed reality between communicators.

In each of the case studies, I was able to identify Knapp's (1978) last five stages. Each person spoke of the "differentiating" where they had to reexamine their personal values and goals. This was not pleasant to any of the four. Each dealt with "circumscribing" with two of them making very clear and distinct breaks from organizations and friendships. One did not appear to go through this phase and the one male went through the process of redefining himself in new organizations and then slowly withdrawing from those organizations. Each to

their own degree experienced the "stagnating" phase. Two of the women felt this phase strongly and disliked the role reversal. The "avoiding" phase appeared to be descriptive of only two cases and in both caes it appeared to be extreme. As for the last phase "terminating" I do not feel prepared to comment from my observations.

Is it possible the problems encountered in elderly communication is not with the elderly but with ourselves. "Ageing for many is forgetting, but we the elderly are not the one's forgetting. Our friends and young associates forget us and assume us dead."

REFERENCES

Brown, Charles T. and Charles Van Riper. Speech and Man. Englewood Cliffs, NJ: Prentice-Hall, 1966.

Carmichael, Carl W. "Cultural Patterns of the Elderly" in Intercultural Communication: A Reader. Ed. Samovar, Larry A. and Richard E. Porter. 4th ed. Belmont, CA: Wadsworth, 1985.

Delia, Jesse G., Barbara J. O'Keefe and Danial J. O'Keefe. "The Constructivist Approach to Communication." in Human Communication Theory: Comparative Essays. Ed. Dance, Frank E. X. New York: Harper and Row, 1982.

Duncan, Hugh D. Communication and Social Order. London: Oxford University Press, 1962.

Frenkel, E. "Studies in Biographical Psychology." Character and Personality 5, 1936.

Knapp, Mark L. Social Intercourse: From Greeting to Goodbye. Boston: Allyn and Bacon, 1978.

Neugarten, Bernice L. and George L. Maddox. Our Future Selves: Report of the Panel on Behavioral and Social Sciences Research. Washington, DC: U S Government Printing Office, 1980.

Silverman, Phyllis. "Widowhood and Preventive Intervention." in Readings in Aging and Death: Contemporary Perspectives Ed. Zarit, Steven H. 2nd ed. New York: Harper and Row, 1982.